	Γ			> 09/848/01										
	PATENT APPLICATION FEE DETERMINATION REC							OR	Application or Docket Number  ORD  OOG - USO O					
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN					
	I	TOTAL CLAIM	IS	(Column 1) (Column 2)			lumn 2)	n	TYPE		OR SMALL ENTITY			
		FOR	NUMBE	R FILED	NUM	NUMBER EXTRA		RATE BASIC FE	FEE 855.00	4	RATE	FEE		
	E	TOTAL CHARG	36	36 minus 20=		16		<b> </b>	355.00	OR	BASIC FEI	710.00		
		NDEPENDENT		ninus 3 =	•	8	ł	X\$ 9=	144-6	OR	X\$18=			
		MULTIPLE DEP	ENDENT CLAIM P				П		X40=	(°	OR	X80=		
	* If the difference in column 1 is less than zero, enter "0" in column 2								+135≃	<u>L</u> .	ОЯ	+270=		
	CLAIMS AS A				MENDED - PART II				TOTAL	H9.0	ØЯ	TOTAL		
Best	L		(Column 1)	(Column 2) (Column 3)				<u> </u>	SMALL	ENTITY	OR	OTHER SMALL		
	AMENDMENTA		AFTER AMENDMENT	•	NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- JIONAL FEE	
<u> </u>		Independent	158	Minus Minus	-3	8	= 0		X\$ 9=		OR	X\$18=		
2		FIRST PRES	ENTATION OF MI		PENDENT	CLAIM	1-0		X40=		OR	X80=		
<u>ン</u>				THE PER CHARLES			'	+138=		OR/	+270=			
									TOTAL ADDIT, FEE			TOTAL		
			(Column 1)	n 2)	(Column 3)	. /	ADDIT. PEE		7	ADDIT. FEE				
2	ENDMENT B	Total	REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- / TIONAL FEE		RATE	ADDI- TIONAL FEE	
	AENC	Independent	75	Minus Minus	"3	e_	= 9		X\$ 9=	81	OR	X\$18=		
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	<b>AMENDMENT</b>		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA			ADDI- IONAL FEE		RATE	ADDI- TIONAL	
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	A		NTATION OF MUI	Minus	ENDENT C		-	卜	X40=		`` <b> </b>	X80=		
	_							·  -			DR			
		If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							+135= TOTAL		L	+270=		
	•••	If the "Highest Nur The "Highest Nurn	mber Previously Paid ber Previously Paid	For (Total or	SPACE is le independent)	ss than is the h	cu, enter "20." 3, enter "3." lighest number !	AD found	OIT	priate box i	AD colum	TOTAL DIT. FEE In 1.		